

Claim - Flat File Format X2 (Attachment D)

| Contents | Length | Start | End | Mandatory / Optional | | Med with NDC Units | Notes |
|-------------------|--------|-------|-----|----------------------|-----|-----------------------|--|
| | | | | Pharm | Med | | |
| first_char | 1 | 1 | 1 | M | M | Set to * | Set to \$ |
| claim_id | 20 | 2 | 21 | M | M | | |
| provider_id | 20 | 22 | 41 | M | M | | |
| labeler_code | 5 | 42 | 46 | M | M | | |
| product_code | 4 | 47 | 50 | M | M | | |
| package_size | 2 | 51 | 52 | M | M | | |
| left blank | 16 | 53 | 68 | | | | |
| first_name | 30 | 69 | 98 | O | O | | |
| last_name | 30 | 99 | 128 | M | M | | |
| mid_init | 1 | 129 | 129 | O | O | | |
| age | 3 | 130 | 132 | O | O | | Age at date of service F or M |
| gender | 1 | 133 | 133 | O | O | | Prescription Number |
| rx_num | 20 | 134 | 153 | M | N/A | | CCYY-MM-DD |
| service_dt | 10 | 154 | 163 | M | M | | CCYY-MM-DD. Should be actual date paid if available. |
| paid_dt | 10 | 164 | 173 | M | M | | Y or N. Dispense as Written - is often a code that we need |
| DAW_ind | 1 | 174 | 174 | O | N/A | | Y or N. Was the patient in long term care when drug dispensed. |
| LTC_ind | 1 | 175 | 175 | O | O | | |
| supplied_days | 3 | 176 | 178 | O | N/A | | |
| num_of_units | 14 | 179 | 192 | M | O | | NDC Units For old-format medical claims, this contains the Billed Units (HCPCS |
| submitted_amt | 13 | 193 | 205 | O | O | | This is optional but depending on the setting on Rebate Program, |
| allowed_amt | 12 | 206 | 217 | O | O | | Prefer Calculated Allowed Amount, not allowed amount after |
| tpl_amt | 13 | 218 | 230 | O | O | | |
| copay_amt | 13 | 231 | 243 | O | O | | |
| reimbursement_amt | 13 | 244 | 256 | M | M | | |
| adjustment_cd | 1 | 257 | 257 | M | M | | O - original, V - void, Q - reversal, R - replacement. |
| prev_claim_id | 20 | 258 | 277 | O | O | | Must be supplied if not an original (O) claim. |
| left blank | 2 | 278 | 279 | | | | |
| num_refill | 4 | 280 | 283 | O | N/A | | This field specifies the refill number of this claim. |
| OHJFS paid dt ind | 1 | 284 | 284 | O | O | | OHJFS Indicator/Paid Date Flag. |
| left blank | 8 | 285 | 292 | O | O | | |
| client_id | 10 | 293 | 302 | M | M | | Note that for J-Code claims, these may be hardcoded. |

| Contents | Length | Start | End | Pharm | Med | Med with NDC Units | Notes |
|---------------------|--------|-------|-----|-------|-----|--------------------|---|
| group_id | 10 | 303 | 312 | M | M | | |
| plan_id | 10 | 313 | 322 | M | M | | Note that for J-Code claims, these may be hardcoded. |
| ingred_amt | 15 | 323 | 337 | O | O | | Note that for J-Code claims, these may be hardcoded. |
| dispensing_fee | 15 | 338 | 352 | O | N/A | | |
| patient_id | 20 | 353 | 372 | M | M | | Cardholder Id. |
| member_number | 4 | 373 | 376 | O | O | | |
| clm_sts_cd | 1 | 377 | 377 | O | O | | Status of claim (Paid, Denied etc.) |
| deductible amount | 13 | 378 | 390 | O | O | | Amount from this claim that went towards a patient deductible. |
| basis of payment cd | 2 | 391 | 392 | O | O | | How did we calculate the allowed amount (e.g. AWP less group (Y) When a provider is not always 340B, but this claim is Usually 0001, but compound drugs will have multiple lines. |
| 340B claim ind | 1 | 393 | 393 | M | M | | Usually 0001, but compound drugs will have multiple lines. |
| line_number | 4 | 394 | 397 | M | M | | 0 - not specified, 1 - not compound, 2 - compound |
| compound_cd | 1 | 398 | 398 | O | O | | If applicable, this is the J-Code or other procedure code with CCYY-MM-DD |
| procedure_code | 10 | 399 | 408 | O | M | | |
| adjudicated_dt | 10 | 409 | 418 | O | O | | e.g. NCPDP 5.1 transaction - code for this. |
| source_version_cod | 10 | 419 | 428 | O | O | | NDC 20 from SXC (this is used for NCSC only). |
| NDC_20 | 20 | 429 | 448 | O | O | | |
| country_cd | 10 | 449 | 458 | O | O | | |
| hcpc_units | 14 | 459 | 472 | N/A | O | HCPCS | Only applies to Medical (J-Code) claims where the NDC and NDC Only applies to Medical (J-Code) claims. Supply if you have it. |
| hcpc_unit_type_cd | 10 | 473 | 482 | N/A | O | | Used by MA to indicate claim should be included in supplemental 01-NP1, 05-Medicaid, 07-NCPDP, 99-Other. |
| supp_rebate_ind | 1 | 483 | 483 | O | O | | |
| provider_id_type_c2 | 2 | 484 | 485 | O | O | | |
| provider_taxonomy | 10 | 486 | 495 | O | O | | |
| fund_program_cd | 10 | 496 | 505 | O | O | | This specifies the source of the funding for this claim. Populate for Medical claim type codes |
| med_clm_type_cd | 4 | 506 | 509 | N/A | O | | This is used to indicate if a patient was previously in an MCO. One Provider ID for MCO (MA) |
| MCO_ind | 1 | 510 | 510 | O | O | | Provider ID Type for MCO (MA) |
| Addl_prov_ID | 20 | 511 | 530 | O | O | | This field is populated for TX medical (J-Code) claims |
| Addl_prov_ID_type | 2 | 531 | 532 | O | O | | This field is populated for TX medical (J-Code) claims |
| alt_claim_id | 30 | 533 | 562 | O | O | | This field is populated for TX medical (J-Code) claims. Must be |
| alt_prev_claim_id | 30 | 563 | 592 | O | O | | This field is populated when converting claims for a new client. |
| conv_ind | 1 | 593 | 593 | O | O | | Unlimited prescribers flag |
| unlmt_flg | 1 | 594 | 594 | O | O | | Drug Gross Amount |
| drug_gross_amt | 20 | 595 | 614 | O | O | | |

Med with
NDC Units

Notes

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Numerics in current files are left-justified with decimal points present, no zero padding.
Other methods will be fine if easier for you. Visible decimal points are nice though.
Quite a bit of this data is optional.